

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039486

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 229

FILED OCT 16 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Length of stay in 1b	c. CITY OR TOWN UNION
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 603 W. STATE ST.
3. NAME OF DECEASED (Type or print) First ROYCE Middle MURLYN Last SCOTT		4. DATE OF DEATH Month OCT. Day 10 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 9, 1909
9. AGE (last birthday) 54		10. IF UNDER 1 YEAR Months 5 Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATE		10b. KIND OF BUSINESS OR INDUSTRY SPECIAL AGENT	11. BIRTHPLACE (City and state or country) EAST PRAIRIE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME FRED SCOTT	
14. MOTHER'S MAIDEN NAME ADA AUSENBAUGH		15. NAME OF HUSBAND OR WIFE POLLY SCOTT	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. SOCIAL SECURITY NO. 997	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Digesting Ulcer 4/51</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Chronic Atherosclerosis</i> DUE TO (b) <i>Myocardial Infarction</i> DUE TO (c) <i>Hyperlipidemia</i>		19. INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Major Surgery 1 yr ago, good Recovery.</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY
20h. STATE		20i. DATE OF DEATH 10-10-63	
21. I attended the deceased from 1960 to 1963 and last saw him alive on 10-10-63		21b. Death occurred at 4 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) <i>Charles A. Thomas M.D.</i>		22b. ADDRESS <i>Gerald</i>	
22c. DATE SIGNED 10/12/63		22d. SIGNATURE <i>Leola C. Thomas</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 13, 1963	23c. NAME OF CEMETERY OR CREMATORY MIDLAWN MEM. GARDENS	
23d. LOCATION (City, town, or county) UNION		23e. STATE MO.	
24. FUNERAL DIRECTOR OLTMAN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 10/13/63	
26. ADDRESS UNION, MO.		26. REGISTRAR'S SIGNATURE	

USE BLACK INK

OR

TYPEWRITER RIBBON

NOV 5 1963

OCT 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph Ottman

Licensed Embalmer No.

4808

P. O. Address

Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.